



Application for Employment

THIS FACILITY
MAY DO
DRUG TESTING

Position Applying For _____

Date of Application _____

The following information is requested in order to help us make the best possible placement with Orchard Manor. All portions of this application pertaining to you must be completed. Orchard Manor does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

PERSONAL DATA:

Name _____
Last First Initial

Former Name _____

Address _____

Home phone () _____

Other phone () _____

Email address _____

Are you at least 16 years and not yet 18 years old?

Double click on box to check

☐ Yes

☐ No, I am 18 or older

Are you legally eligible for employment in the United States?

☐ Yes

☐ No

Were you previously employed here?

☐ Yes

☐ No

If yes, please list the departments and dates: _____

Have you ever been convicted of a crime other than minor traffic violations?
(A criminal record will be considered only as it relates to the job applied for.)

☐ Yes

☐ No

If yes, please explain: _____

Are you related to any employee at Orchard Manor?

☐ Yes

☐ No

If yes, please list his/her name and your relationship. _____

EDUCATION AND TRAINING:

School	Name and Location	(Optional) Dates Attended From: To:	Course of Study and Degree	Graduated
High School/GED		_____		Yes No
College or University		_____ MO YR MO YR		Yes No
Graduate School		_____ MO YR MO YR		Yes No
Business, Trade, Vocational or Other		_____ MO YR MO YR		Yes No

Are you now a licensed or certified member of any profession or trade? ☐ Yes ☐ No
If yes, give type of license or certificate, number and year issued and expiration date: _____

Have you ever received a reprimand or had your license revoked? ☐ Yes ☐ No
If yes, why? _____

EMPLOYMENT RECORD:

Please complete by beginning with last or current employer, then next to last, etc. If you were employed under a different name, please give the name used.

If currently employed, may we contact that employer? ☐ Yes ☐ No

Employer	Phone	Dates of Employment From To	
Address	Salary (Optional)	Hours/Week	Supervisor
Reason for Leaving	Job Title		
Description/Duties			

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Description/Duties			

(Use a separate sheet for additional employers.)

MILITARY SERVICE RECORD:

Have you ever been in the armed forces?	___ Yes	___ No
If yes, what branch?		
<hr/>		
Dates of duty:	From	To
	<hr/>	<hr/>
Rank at Discharge:		
<hr/>		
Type of Discharge:		
<hr/>		
What were your duties in the service (include special training and duty station)?		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

REFERENCES:

List persons who are familiar with your qualifications and background. (No relatives)

Name	Address/Phone	Business or Occupation
1.	<hr/>	<hr/>
2.	<hr/>	<hr/>
3.	<hr/>	<hr/>

SUMMARY

Please summarize any special skills or qualification you have acquired that will support your application for this position.

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with Orchard Manor is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause.

I authorize all Persons, Schools, Companies, Corporations, Municipalities, Agencies, or other Organizations to give to Orchard Manor any information requested concerning my employment, character, experience, and qualifications and/or suitability for employment with Orchard Manor, including a check of my fingerprints, motor vehicle record and criminal record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I agree to release all parties from all claims under any laws, including civil rights information. I agree to release all parties from all claims under any laws, including civil rights laws, arising from providing and receiving such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that Orchard Manor is committed to maintain a drug-free workplace. Orchard Manor may require a drug test as a part of the hiring process. Orchard Manor may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature of Applicant _____ Date _____

OPTIONAL:

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant _____ Date _____

Submit completed application to:

Employee Services
Orchard Manor
8800 Hwy 61
Lancaster, WI 53813

Phone (608)723-2113

Fax (608)723-2210

If submitting your application materials via US Mail, please make sure you have enough postage as to not cause delay in processing.

APPLICANT DATA RECORD

Orchard Manor is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status, any non-job-related disability or medical condition, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

As an employer taking affirmative action to ensure equal employment opportunity, and to help comply with governmental record-keeping requirements, we would like to ask your cooperation in completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY** and will not be considered as a disqualifying factor for employment. This information will be kept in a confidential file, **SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**, and is for statistical purposes only.

Name: _____ Date _____

Position Applied For: _____

PERSONAL TRAITS:

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Race/Ethnic ☐ White ☐ African American ☐ American Indian/Alaskan Native

☐ Hispanic ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ Other

Are you over 40? ☐ Yes ☐ No

Disability: The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities (such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working), has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability? ☐ Yes ☐ No

Thank you for completing the above voluntary information. You may return this with your application and we will place it in a separate file, or you may mail it separate from your application to:

*Grant County Personnel Office
111 South Jefferson St.
PO Box 529
Lancaster, WI 53813*